

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25318

State File No.

6135

BIRTH NO. 4280456 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

| | | | | | | |
|---|-------------------------------|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | | | | |
| b. CITY OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (In this place town(ship)) <u>19hrs 9mins</u> | | c. CITY OR TOWN <u>St. Louis</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Thomas G. Phillips</u> | | e. STREET ADDRESS (If rural, give location) <u>5086 Wells</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>West</u> b. (Middle) c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6- 1 56</u> | | | |
| 5. SEX <u>Fem.</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u> | 8. DATE OF BIRTH <u>6-1-56</u> | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME <u>Earleen Dean</u> | | 14. NAME OF HUSBAND OR WIFE | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary D. Jett R.R. 2601 N. Whittier</u> | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth, neonatal death</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atelectasis Lung, Congenital</u> | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | |
| 22. I hereby certify that I attended the deceased from <u>6-1-1956</u> , to <u>6-1-1956</u> , that I last saw the deceased alive on <u>6-1-1956</u> , and that death occurred <u>41:02a</u> m., from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE <u>William M. Dinkler</u> (Degree or title) <u>M. D.</u> | | | 23b. ADDRESS <u>2601 N. Whittier</u> | | 23c. DATE SIGNED <u>6-20-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>6-30-56</u> | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Road</u> | | |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bowland-Aker Mortuary Service</u> ADDRESS <u>1101 Manchester Ave. St. Louis 10, Mo.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>JUN 29 1956</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith</u> | | (Licensed Embalmer's Statement on Reverse) | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.